

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Abad-Peiro et al.  
Serial No. : 09/787,753 Examiner : Hani M. Kazimi  
Filed : June 11, 2001 Art Unit : 3691  
For : METHOD OF IMPROVING SECURITY IN ELECTRONIC  
TRANSACTIONS

HON. COMMISSIONER OF PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on June 28, 2011.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)

(Signature of person transmitting paper or fee)

5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
						RATE	FEE			RATE	FEE
Total Claims	17	- ** 20	=	* 0	x	\$25	=	OR	x	\$50	=
Ind. Claims	4	- *** 5	=	* 0	x	\$100	=	OR	x	\$200	=
<input type="checkbox"/> Multiple Dependent Claim Presented					+	\$180	=	OR	+	\$360	=
						TOTAL		= \$ _____		OR TOTAL = \$0 _____	

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

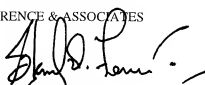
\*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_\_ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$\_\_\_\_ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By   
Stanley D. Ference III  
Reg. No. 33,879

Dated: June 28, 2011

Mailing Address:

**Customer No. 35195**  
FERENCE & ASSOCIATES  
409 Broad Street  
Pittsburgh, Pennsylvania 15143  
(412) 741-8400  
(412) 741-9292 - Facsimile